

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 24 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Linda F. Coleman
 Address 1389 Cedar Road Mound Bayou, MS 38762
 Telephone 662.741.3272 Fax 662.843.3972
 Contact Name Linda F. Coleman Email lfcoleman@cableone.net
 Office Sought House of Representatives, Dist. 29 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$2,800.00 + \$1.50	\$ 2,801.50	\$ 2,801.50
Total amount of disbursements	\$ 930.40 + \$1,244.30	\$ 2,174.70	\$ 2,174.70
Total amount of cash on hand	\$ 3,127.31	\$ 3,127.31	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Linda F. Coleman
Signature of Candidate

1/24/2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1489 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baxter Healthcare Corporation</u>	<u>7 / 10 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>One Baxter Parkway</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Deerfield, IL 60015</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T</u>	<u>10 / 28 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capital Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Agents & Employee PAC</u>	<u>11 / 15 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 39</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Amos Energy Corporation PAC</u>	<u>11 / 15 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>5430 LBW Freeway, Suite 160</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>N/A</u>	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott</u>		<u>11 / 22 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>4708 Hilldale Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Knoxville, TN 37914</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>NIA</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500.00</u>
Occupation (Required) <u>NIA</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer</u>		<u>12 / 29 / 10</u>	\$ <u>500.00</u>
Mailing Address <u>235 East 42nd Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>New York, NY 10017-5755</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>NIA</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>NIA</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Linda F. Coleman
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>NBCSL</u>	Date (Mo., Day, Year) <u>11 / 22 / 10</u>	Amount of each disbursement this period \$ <u>475.00</u>
Mailing Address <u>444 N. Capital Street NW, Suite 622</u>		\$
City, State, Zip Code <u>Washington, DC 20001</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>Annual Conference Registration</u>	Aggregate Year-to-date	\$ <u>475.00</u>
B. Full name <u>Loew's Atlanta Hotel</u>	Date (Mo., Day, Year) <u>12 / 04 / 10</u>	Amount of each disbursement this period \$ <u>455.40</u>
Mailing Address <u>1065 Peachtree Street NE</u>		\$
City, State, Zip Code <u>Atlanta, GA 30309</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) <u>NBCSL Conference</u>	Aggregate Year-to-date	\$ <u>455.40</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$